

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90086 021 *****50.00

DOCUMENT # L02000028518

1. Entity Name

P.M. MIDWAY REALTY II, LLC



Principal Place of Business

C/O RICHARD N. KRINZMAN, P.A.
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR
MIAMI FL 33133

Mailing Address

C/O RICHARD N. KRINZMAN, P.A.
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR
MIAMI FL 33133

20013879



2. Principal Place of Business

P.M. ASSOCIATES INC

Suite, Apt. #, etc.
3078 OLD STIM LANE

City & State
Weston, FL

Zip Country
33331 USA

3. Mailing Address

P.M. ASSOCIATES INC

Suite, Apt. #, etc.
3078 OLD STIM LANE

City & State
Weston, FL

Zip Country
33331 USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0881378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHARD N. KRINZMAN, P.A. Legal Information Services
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR 1240 Weston Road
MIAMI FL 33133 Suite 300
Weston, FL 33336

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip
33337

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **LEO MARTIN FAMILY TRUST/BENIFT OF P MARTIN**
STREET ADDRESS **2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/23/03 954 217 3988

CR2E083 (10/02)